

UNITED STATES DISTRICT COURT
for the
Southern District of Illinois

Leszek Pawelkawski) 3:21-cv-00882-SMY
Plaintiff(s)/Petitioner(s)) Case Number: _____
v.) (Clerk's Office will provide)
Wexford Health Care, Inc) Amended Judge Staci M. Yandale
Lori Cunningham) CIVIL RIGHTS COMPLAINT
Dag Lynn Ottman) pursuant to 42 U.S.C. §1983 (State Prisoner)
Dr. Williams) CIVIL RIGHTS COMPLAINT
Defendant(s)/Respondent(s)) pursuant to 28 U.S.C. §1331 (Federal Prisoner)
) CIVIL COMPLAINT
) pursuant to the Federal Tort Claims Act, 28 U.S.C.
) §§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of confinement.

Defendant #1:

- B. Defendant Lori Cunningham is employed as
(a) (Name of First Defendant)

Health care Director
(b) (Position/Title)

with ILLinois Department of Correction
(c) (Employer's Name and Address)

Lawrence Corr Center 10830 Lawrence rd, Sumner IL 62456

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? Yes No

If your answer is YES, briefly explain: ILLinois Department of Corrections

Defendant #2:

C. Defendant Wexford Healthcare Sources is employed as

(Name of Second Defendant)

Medical provider

(Position/Title)

with Lawrence Correctional Center

(Employer's Name and Address)

10930 Lawrence Rd, Summer IL 62466

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? Yes No

If you answer is YES, briefly explain: 3rd party contractor
for I-DOC

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

See attached pages

Defendant # Defendant Vicki Walker

Dietary supervisor

Lawrence Correctional Center
10930 Lawrence rd
Sumner, IL 62466

At the time the claim(s) alleged this complaint arose, Defendant Vicki Walker was employed by the state of Illinois, Department of Corrections.

Defendant # Dr. Pittman is/(was) employed by Wexford Health care, and working for the Illinois Department of Corrections. She has quit working at Lawrence. Job Title: Doctor

Last Address Lawrence Correctional Center
10930 Lawrence rd
Sumner, IL 62466

At the time claim(s) alleged this complaint arose, Defendant was employed by Wexford, at Lawrence Correctional Center, and contracted with the Illinois Department of Corrections.

Defendant 6. Dr Williams is (was) employed by Wexford at the time this claim arose. She is no long working at Lawrence

Job title: Doctor, with Wexford health care employed at Lawrence Correctional Center
10930 Lawrence rd, Sumner IL 62466.

At the time the claim(s) alleged this complaint arose, Dr Williams, Defendant 6#, was employed by Wexford and worked at Lawrence Correctional Center as a Doctor for the state of Illinois.

Defendant 7. Nurse Luking is employed as a Nurse. (Her first name unknown.) with WEXFORD Health Care at Lawrence Correctional Center 10930 Lawrence rd sumner, ILLinois 62466.

At the time claim(s) alleged this complaint arose, Defendant Luking was Employed by the state of ILLinois as a Nurse, through Wexford health care.

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? Yes No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. List ALL lawsuits in any jurisdiction and indicate the court where they were filed to the best of your ability, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:
Plaintiff(s): *All ready passed merit review*

Defendant(s):

2. Court (if federal court, name of the district; if state court, name of the county):
3. Docket number:
4. Name of Judge to whom case was assigned:
5. Type of case (for example: Was it a habeas corpus or civil rights action?):
6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

7. Approximate date of filing lawsuit:
8. Approximate date of disposition:

9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?"

III. GRIEVANCE PROCEDURE *All ready passed merit review*

- A. Is there a prisoner grievance procedure in the institution? Yes No
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes No
- C. If your answer is YES,
 1. What steps did you take?
went to all 3 stages for grievance
 2. What was the result?
Deemed Moot
- D. If your answer is NO, explain why not.

- E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? Yes No
- F. If your answer is YES,
 1. What steps did you take?

2. What was the result?

- G. If your answer is NO, explain why not.
- H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

See Attached pages (Line paper used). All Lines
Should be view as Amended under Rule 15.
If Done in error please instruct on how to reply.

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

SEE ATTACHMENT J pages

VI. JURY DEMAND (check one box below)

The plaintiff does does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed 12-09-2021
on: (date)

Leszek Pawelkowksi
Signature of Plaintiff

10930 Lawrence Road
Street Address

Leszek Pawelkowksi
Printed Name

Summer Illinois 62466
City, State, Zip

Y31510
Prisoner Register Number

Signature of Attorney (if any)

Southern District of Illinois

Leszek Pawlowski

v. Plaintiff

Wexford Health Sources Inc, Case No. 3:21-cv-00882-SMY
Lori Cunningham Amended
Dr. Lynn Pittman Civil Rights Complaint
Dr. Williams Judge Staci M. Yandle
P. A. Luking
Vicki Walker

Motion For Leave To file An
Amended Complaint.

Nature of Complaint

Now comes plaintiff Leszek Pawlowski
pro se through the aide of inmate
Patrick Bakaturski due to Leszek's
lack of English understanding. Leszek
is in I.D.O.C custody and is being
housed at Lawrence Correctional Center
(Here and After Lawrence) Filing this
1983, Civil complaint under the Civil rights
act title 42, Section 1983. Leszek was
diagnosed with Severe bone joint Arthritis
Leszek began having pains in his
left arm, hand, and fingers. This pain
caused to not be able to proform

Certain task at his assignment. Leszek was seen by the Medical Staff at Lawrence which is Headed by Lori Cunningham. Due to the deliberate indifference to Leszek serious medical needs. Lori Cunningham nor anyone of her staff submitted Leszek for any additional testing. Which violates Leszek's rights under the Eighth Amendment of the Constitution against cruel and unusual punishment. While at Lawrence Leszek has a right to receive adequate medical treatment. It is a known belief that Wexford Health Sources Inc (Here and After Wexford) has a common practice of not allowing inmates to receive special testing from outside hospital. Which is also an Eighth(8) Amendment.

Leszek Powelkowski (Here and After Leszek) files this complaint under the Civil Rights act title 42, section 1983 against; Wexford, Lori Cunningham (Here and After Cunningham), Dr. Lynn Pittman, Dr. Williams, P.A. Luking and Vicki Walker. This is a civil action seeking injunctive relief and monetary

(2)

damages against these defendants for committing acts contrary to the law with deliberate indifference depriving Leszek of his rights guaranteed by the Constitution and Civil Rights Act 42 U.S.C 1983.

Parties Involved

- 1) Leszek Powelkowski plaintiff a citizen of the United States, currently assigned at Lawrence 10930 Lawrence Road, Sumner IL 62466.
- 2) Wexford Health Sources Inc, defendant is a contracted health provider, and is contracted by the State of Illinois.
- 3) Defendant Lori Cunningham, is employed by Wexford and assigned to Lawrence.
- 4) Defendant Vicki Walker, is employed by the State of Illinois and assigned to Lawrence
- 5) Defendant, Dr. Pittman is/was employed by Wexford and was assigned to Lawrence.
- 6) Defendant, Dr. Williams is/was employed by Wexford and was assigned to Lawrence
- 7) Defendant Luking - is employed by Wexford and was assigned to Lawrence during this action.

Statement of Facts

- (3) 8) On or around Aug. 23, 2020 Leszek

begin experiencing pain in his left arm, hand. This pain caused Leszek hands to twist painfully. It was difficult for Leszek to straighten out his fingers without add pain.

- 9) Upon information and belief Leszek while at his assignment in dietary alerted Supervisor Vicky Walker (Here and After Walker) and made her aware of the pain in his arm, hand and fingers.
- 10) Upon information and belief Walker acting to a serious medical need/issue refused to have Leszek taken to health care which she has the authority to do.
- 11) Upon information and belief acting with deliberate indifference to a serious medical need sent Leszek to work and assigned him to the dish room.
- 12) Leszek was unable to perform the task assigned to him.
- 13) Upon information and belief Walker fired Leszek and with the abuse of authority purged a ticket on Leszek.
- 14) Further More Leszek was seen by Dr. Pittman to whom he complained to about the pain he felt in his left arm, hands and fingers. Acting with deliberate indifference Dr. Pittman only gave

Leszek a prescription for pain killers.

- 15) Upon information and belief Dr. Pittman did not in a request to have added test ran on Leszek.
- 16) Upon information and belief Leszek was diagnosed with Severe Bone Joint Arthritis.
- 17) On or around May of 2021 Leszek was seen by P.A Luking.
- 18) Upon information and belief P.A Luking informed Leszek that she would put in the necessary paper work for a M.R.I.
- 19) Upon information and belief P.A Luking was made aware of Leszek's diagnosis but failed to submit any request for Leszek to receive further testing.
- 20) Leszek was later seen by Dr. Williams.
- 21) Upon information and belief Leszek complained to Dr. Williams that the pain medication wasn't helping. He wasn't able to get a whole nights sleep, He was/is unable to write or properly clean

him self.

- 22) Upon information and belief Dr. Williams only increased Leszek medication, and refused to submit Leszek for any further testing.

Jurisdiction & Venue

- 23) This court has subject matter jurisdiction over this lawsuit pursuant to 28 U.S.C § 1331 because it arises under the Eighth Amendment to the Constitution and 42 U.S.C 1983. This Court has subject matter jurisdiction over this lawsuit pursuant to 28 U.S.C 1333(A)(3) because it is being brought to redress the deprivation under color of State law, of a right secured by the Eighth Amendment of the Constitution.

- 24) Venue is proper in this Court pursuant to 28 U.S.C 1331(B)(2) because a substantial part of the events giving rise to the claims occurred in this judicial district.

COUNT I

Against Wexford Health Sources INC

- 25) Leszek re-alleges paragraphs 1-24.
- 26) Leszek has a right under the Eighth Amendment to be free from Cruel and Unusual punishment while incarcerated at Lawrence.
- 27) Wexfords' practice of refusing to send inmates to outside hospitals deprives Leszek of the adequate care under his civil rights.
- 28) At all times relevant, Wexford was aware of this practice and Leszek basic human needs.
- 29) Wexford Knows or should have known that denying Leszek access to outside testing ~~is~~ ^{and} ~~intended~~ to cut cost is a violation of Leszek basic human needs.
- 30) At all times relevant to this action Wexford operated under color of STATE Law.
- 31) By failing to send Leszek out for additional testing Wexford's practice was/is an act of deliberate indifference.
- 32) Leszek has been harmed as an actual and proximate result of Wexfords deliberate indifference to Leszek

Constitutional rights.

Count II

(Against Lori Cunningham.)

33) Leszek re-alleges paragraphs 1-24.

34) Leszek has a right under the Eighth

Amendment while at Lawrence, to receive adequate

+ treatment. Leszek was diagnosis with Severe bone

joint arthritis and his being refused

further testing deprives him of a basic
human need.

35) At all times relevant Cunningham was
made aware Leszek general needs.

36) Cunningham Knew or should have known
that Leszek's Severe bone joint arthritis
need further treatment than that provided
at Lawrence was/is a violation of
Leszek's human basic needs.

37) At all times relevant to this action
Cunningham acted under color of State law.

38) By failing to submit/approve Leszek
for outside testing Cunningham acted
with deliberate indifference

39) Leszek has been harmed as an actual and
proximate result of Cunningham's deliberate
indifference to his Constitutional rights

COUNT III

(Dr. Pittman, Lynn)

- 41) Leszek re-alleges paragraphs 1-24.
- 42) Leszek has a right under the Eighth Amendment to receive adequate Medical treatment while at Lawrence.
- 43) Leszek was treated by Dr. Pittman and only given pain pills.
- 44) Dr. Pittman failed to submit a request for outside testing when the pain pills prove to be ineffective for Leszek's pain.
- 45) At all times relevant Dr. Pittman was made aware of Leszek's general needs.
- 46) Dr. Pittman knew or should have known that Leszek need to be sent to an outside hospital for further testing. And by not submitting a request violated Leszek's human basic needs.
- 47) At all times relevant to this action Dr. Pittman acted under color of State Law.
- 48) By failing to submit Leszek for outside testing Dr. Pittman acted with deliberate indifference.
- 49) Leszek has been harmed as an actual and proximate result of Dr. Pittman's

deliberate indifference to his
Constitutional rights

Count IV

(Against Dr. Williams)

- (60) Leszek has re-alleges paragraphs 1-24.
- (61) Leszek has a right under the Eighth Amendment while at Lawrence to receive adequate medical treatment.
- (62) At all times relevant Dr. Williams was made aware of the pain Leszek was/is having in his left arm.
- (63) Dr. Williams knew or should have known that Leszek not being sent to an outside hospital for further testing violated Leszek Constitutional rights to adequate medical treatment.
- (64) At all times relevant Dr. Williams acted under color of state law.
- (65) Dr. Williams acted with deliberate indifference to Leszek basic human needs.
- (66) Leszek has been harmed as an actual and proximate result of Dr. Williams deliberate indifference to his Constitutional rights.

Count II

(Against P. A. Luking)

- 67) Leszek re-alleges paragraphs 1-24
- 68) Leszek has a right under the Eighth amendment while at Lawrence, to receive adequate treatment.
- 69) At all times relevant P.A Luking was made aware of Leszek pain, and need for outside testing.
- 70) At all times relevant to this action P. A. Luking was acting under color of State law.
- 71) P.A Luking knew or should have known that Leszek lack of adequate treatment was a violation of his basic human rights.
- 72) By failing to submit Leszek for further testing P.A Luking acted with deliberate indifference.
- 73) Leszek has been harmed as an actual and proximate result of P.A. Luking's deliberate indifference to his Constitutional rights.

COUNT VI

Against Vicki Walker

- 74) Leszek re-alleges paragraphs 1-24.
- 75) Leszek has a right under the Eighth Amendment to be free from cruel and unusual punishment, as well as retaliation while incarcerated at Lawrence.
- 76) Leszek also has a right under the Eighth Amendment to receive adequate treatment.
- 77) While on his assignment in dietary Leszek complain of pain in his left arm, hand and fingers went to Walker. Walker refused to help remedy Leszek's pain.
- 78) At all relevant times Walker was made aware of Leszek pain.
- 79) At all times relevant to this action Walker acted under color of State Law.
- 80) Walker Knew or should have Known that by her not sending Leszek to the HCU violated his basic human rights.
- 81) By ~~and~~ abusing her authority and writing Leszek a ticket and firing him in retaliation, along with not send Leszek to HCU to get treatment Walker acted with deliberate indifference.

(18)

82) Leszek has been harmed as an actual and proximate result of Walker's deliberate indifference to Leszek basic human rights, and Constitutional rights

Relief

Plaintiff Leszek prays this Honorable Court to award him:

- a) award compensatory damages from all defendants in an amount to be determined at trial.
- b) Award any punitive damages this court deems fair.
- c) Award filing fees, court cost and any other fees or additional relief this court deems just.

Plaintiff request a jury trial.

Certification

By signing this complaint, I certify that the facts stated in this complaint are true and accurate to the best of my knowledge, information provided and beliefs

Respectfully,

Leszek Pawelkowksi

X Leszek Pawelkowksi

(13)

1st Lvl rec	41621	ILLINOIS DEPARTMENT OF CORRECTION Offender's Grievance	SEP 29	2nd Lvl rec
Date:	AUGUST 20 2020	Offender (please print): LESZEK PAWELKOWSKI	ID #: Y-31510	Race (optional): White
Present Facility:	Lawrence Correctional Center		Facility where grievance issue occurred: Lawrence Correctional Center	
Nature of grievance:	<input type="checkbox"/> Personal Property <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Disciplinary Report			
	<input type="checkbox"/> Mail Handling <input type="checkbox"/> Dietary <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA	<input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Restoration of Sentence Credit	
	Supv. Mrs. Walker in Dietary			
Date of report	Facility where issued			

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I was hired on the Dietary on, August 11th of 2020, on 2nd floor. I explain to the Supv. Mrs. Walker once before that I was having a lot of pain. Stiffness numbness like muscle spasm, in my hands, finger and elbow. Both hands and I explain to Mrs. Walker, when they put me on the pants and pants detail, I start having serious pain in both hands stiffness Muscle spasm in both hands and fingers, that is new to see the Doctor, will she please put me on another detail. Now all this took places

Continued on reverse

Relief Requested:

My request to the Supervisor Doctor, or supervisor on cut-side my job back on the same shift or another shift, back pay or Mrs. Walker be handle responsible for the bias or show deliver in different, reinforce her pain suffering

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

LESZEK PAWELKOWSKI
Offender's Signature

X-31510

ID#

AUGUST 20, 2020
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 8/20/20 Send directly to Grievance Officer

Outside jurisdiction of this facility Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

Per verbal conversation w/ H/Cust Supervisor Mrs. Walker. Offender assigned to Dietary need to be able to utilize and have full dexterity of use of both hands to be able to perform all job duties in the Dietary Dept. Offender was taken off Dietary assignment for inability to perform assigned job duty. Offender was scheduled to see NP Luking on 9/21/20 @ 10am. Offender hopefully was seen for his hand issues. Offender has an active work sheet in for Dietary that is valid through May of 2021. Offender may be reassigned by the Placement Officer once hands are diagnosed and treated. Once use of hands are at 100%, Offender may re-request placement.

M. L. C.C.
Print Counselor's Name

M. L. C.C.
Sign Counselor's Name

8/23/20
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 8-21-20

Is this determined to be of an emergency nature?

Yes, expedite emergency grievance
 No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

D.B.

Administrative Officer's Signature

Distribution Master File, Offender

Page 1 of 2

8-25-20
Date

DOC 0046 (Rev. 01/2020)

A few days ago, So I work first shift in the Dietary, So I arrive To work Thursday, August 20th of 2020, so when I arrive Mrs. Walker told me I was going to do the Pots on floor regardless my health issues, I Explained I will to do any other detail, would she please put me on fixing the food tray, She told me No, and if I refuse to work I'll fire on Cap a back to the Cell-House so I was sent back, & Never refuse to work, I felt I'm Being discriminated against, on certain matters I should have been allowed to perform another detail, So I request to be seen by a Dr. at Lawrence Peer Center, or Neurological on out-side, So I can be diagnosed for my problem & by consistently in pain Only even when I'm in my Cell, I felt Mrs. Walker was show different towards me.

J.B. Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: PawelKowski, Leszek

4/12/2021

ID#: Y31510

Date

Facility: Lawrence

This is in response to your grievance received on 1/21/2021. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your Issue regarding: Grievance dated: 8/20/20 Grievance Number: 08-20-257 Griev Loc: Law

Transfer denied by the Facility

Dietary Mrs. Walker 8/20/20

Personal Property _____

Mailroom/Publications _____

Assignment (job, cell) Dietary job

Commissary / Trust Fund _____

Conditions (cell conditions, cleaning supplies, etc.) _____

Disciplinary Report: Dated: _____ Incident #: _____

Other _____

Based on a review of all available information, this office has determined your grievance to be:

Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____

Denied as the facility is following the procedures outlined in DR525.

Denied, in accordance with DR504F, this is an administrative decision.

Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.

Denied, this office finds the issue was appropriately addressed by the facility Administration.

Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: Follow sick call procedures. Requests for medical treatment do not go on a grievance form.

FOR THE BOARD: S. Benton

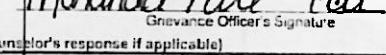
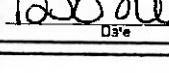
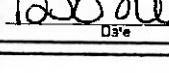
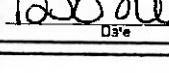
CONCURRED: Rob Jeffreys

Sherry Benton
Administrative Review Board

Rob Jeffreys
Acting Director

CC: Warden, Law Correctional Center
PawelKowski, Leszek ID# Y31510

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

Grievance Officer's Report																																											
Date Received: 9/29/2020	Date of Review: 12/21/2020	Grievance # (optional): 08-20-257																																									
Offender: Pawelkowski, Leszek		ID#:	Y31510																																								
Nature of Grievance: Staff conduct																																											
<p>Facts Reviewed: Offender Pawelkowski Y31510 claims he is being discriminated against in his job assignment in the kitchen due to the pain in his hands.</p> <p>Relief Requested: "I request to be seen by Doctor, or neurological on out-side, my job Back on the same shift or nother shift, back pay or Mrs. Walker be handle responsible for be bias or show deliver indifferent, reinbuse for pain and suffering"</p> <p>Counselor's Response: Per verbal conversation with Food Supervisor Mrs. Walker Offenders assigned to Dietary need to be able to utilize and have full dexterity of use of both hands to be able to perform all job duties in the Dietary Dept. Offender was taken off Dietary assignment for inability to perform assigned job duty. Offender was scheduled to see NP Luking on 9/21/20 at 10am. Offender hopefully was seen for his hand issues. Offender has an active vote sheet in for Dietary that is valid through May of 2021. Offender may be re-assigned by the Placement Officer once hands are diagnosed and treated. Once use of hands are at 100%, Offender may re-request placement.</p>																																											
<p>Recommendation: Based upon a total review of all available information, grievance be denied as job assignments are an administrative decision.</p>		<p>this Grievance Officer recommends that the Offender should submit a request to the Placement Office for a job assignment.</p>																																									
<p>M. Tate CCII Print Grievance Officer's Name <small>(Attach a copy of Offender's Grievance, Including counselor's response if applicable)</small></p>		 <small>Grievance Officer's Signature</small>																																									
<table border="1"> <thead> <tr> <th colspan="4">Chief Administrative Officer's Response</th> </tr> </thead> <tbody> <tr> <td>Date Received: 12/20/2020</td> <td></td> <td><input checked="" type="checkbox"/> I concur</td> <td><input type="checkbox"/> I do not concur</td> </tr> <tr> <td>Action Taken:</td> <td></td> <td colspan="2"><input type="checkbox"/> Remand</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">  <small>Chief Administrative Officer's Signature</small> </td> </tr> <tr> <td colspan="4">  <small>Ds'e</small> </td> </tr> <tr> <th colspan="4">Offender's Appeal To The Director</th> </tr> <tr> <td colspan="4"> <p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p> </td> </tr> <tr> <td>Offender's Signature</td> <td>ID#</td> <td colspan="2">Date</td> </tr> </tbody> </table>				Chief Administrative Officer's Response				Date Received: 12/20/2020		<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur	Action Taken:		<input type="checkbox"/> Remand										 <small>Chief Administrative Officer's Signature</small>				 <small>Ds'e</small>				Offender's Appeal To The Director				<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>				Offender's Signature	ID#	Date	
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Offender's Signature	ID#	Date																																									

Date:	MAY 25 2021	Offender (please print): 5-22 GRIEVANCE LESZK Klawekowski	ID #: Y-31510	Race (optional): GRIEVANCE Polan
resent Facility:	LAWRENCE CORR CENTER		Facility where grievance issued occurred: LAWRENCE CORR CENTER	

Nature of grievance:	<input type="checkbox"/> Personal Property <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Disciplinary Report	<input type="checkbox"/> Mail Handling <input type="checkbox"/> Dietary <input type="checkbox"/> Other (specify): X done had Several prob to see Dr. Williams The medical Director, Revs Counselor McDonald	<input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA	<input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Restoration of Sentence Credit
Date of report	Facility where issued issued: LAWRENCE CORR CENTER			

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I'm an inmate here at the Lawrence Corr. Center, I have write wrong of
Grievance concern my other health concern the medical staff that
Turn blind eye my my right hand pain is deal with daily, my hand
Chest Pain, ear Pain, & the last part for 5-20-2021 of 100 P.M which was Convenil
Again & Come to See that, the New Dr. will know or not Concern about my
Well-being, I was suppose to see Nurse P.R. Mrs. Luking for a 30 Day follow
Up, which Never took place, on the chest pain, Head pain, as well the

Continued on reverse

relief Requested:

I'm Please request to be Seen by Bone Dr. Nowhere, our out side, my
Hand, chest Pain, for getting worse, so I Need to been Seen on out side
For all three

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

I am the Plaintiff Person

y-31510
ID#

5-22-2021
Date

(Continue on reverse side if necessary)

counselor's Response (if applicable) Date Received: _____ Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to Administrative Review Board, PO Box 19277, Springfield, IL 62704-9277

esponse:

Print Counselor's Name _____ Sign Counselor's Name _____ Date _____

ote to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 5/25/21

This determined to be of an emergency nature

Yes, expedite emergency grievance

No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Offender

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

For action Continue, Due Due Breakout on Asset (workday) Janice or next
Hold the medical staff accountable for there action under rule 504.
& medical that why people on DDCQ in this particular prison, for Not received
The right medical, one grievance I say to go nowhere three days I'm
A inmate of Lawrence and please ask to be seen by out side doctor & might
Have to go to your office about my health issues, since my City fail on draft -
Ems, The D.o.N. Need to get more Involve.

J.B. Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

ID#: Pawelkowki, Leozek

6/23/21
Date

Facility: Lawrence

This is in response to your grievance received on 6/16/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Office/CAC response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your Issue regarding: Grievance dated: 5/22/21 Grievance Number: 05-21-240 Griev Loc: Lawrence

- Transfer denied by the Facility
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____
- Commissary / Trust Fund _____
- Conditions (cell conditions, cleaning supplies, etc.) _____
- Disciplinary Report Dated: _____ Incident # _____
- Other Medical - follow-up for chest, hand pain, earache

Based on a review of all available information, this office has determined your grievance to be:

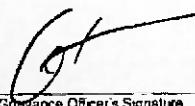
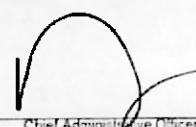
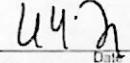
- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____
- Denied as the facility is following the procedures outlined in DR525.
- Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/or an assignment.
- Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied, this office finds the issue was appropriately addressed by the facility Administration.
- Other: Moot, seen by NP 5/24/21.

FOR THE BOARD: Debbie Knauer
Debbie Knauer
Administrative Review Board

CONCURRED: Rob Jeffreys edw
Rob Jeffreys
Acting Director

CC: Warden, Lawrence Correctional Center
Pawelkowki, ID# Y31510

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

Grievance Officer's Report			
Date Received:	05/26/2021	Date of Review:	06/03/2021
Offender:	PAWELKOWSKI, LESZEK		Grievance # (optional): 05-21-240 ID#:
Nature of Grievance: Medical Treatment			
<p>Facts Reviewed: Offender Pawelkowski Y31510 wrote grievance on 5/22/2021 concerning incident date of 5/20/2021 and was received by the Grievance Officer on 5/26/2021. Grievance was deemed emergency by the CAO on 5/25/2021. Offender claims that the HCU at Lawrence C.C. provide adequate treatment. Offender claims that they had a 05/20/2021 call pass cancelled and not rescheduled. Offender claims that they were to have a 30-day follow-up with the NP that never happened.</p> <p>Relief Requested: "I please request to be seen by 'unable to read' on out side my hand, chest pain, ear getting worser, so I need to be seen on out side for all three."</p> <p>HCUA response: " Review medical documentation. I/M continues to be seen and treated by providers at Lawrence CC HCU." Medical documentation provided by HCU Indicates that the offender was seen by a medical professional: 2/18/2021 I/M seen by MD – assessment: costo chondritis, chest wall pain, increased blood pressure; 3/15/2021 ear pain on NP line – assessment: fungal ear infection, serous otitis; 5/24/2021 NP line – assessment: chronic left ear pain, chronic pain."</p>			
<p>Recommendation: Based upon a total review of all available information, this Grievance Officer recommends that the grievance be MOOT, grievant seen by the NP on 05/24/2021 .</p>			
<p>J. Garrett, CCII Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including counselor's response if applicable)</p>		 Grievance Officer's Signature	
Chief Administrative Officer's Response			
Date Received:	6/4/21	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur
Action Taken:			
 Date			
Offender's Appeal To The Director			
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>			
Offender's Signature	ID#	Date	

LAWRENCE CC

1st Lvl rec MAY 12 2021

		ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance	
Date: <u>5-10-2021</u>	Offender (please print): <u>Leszek Pawelkowski</u>	ID #: <u>Y-31510</u>	MAY 13 2021 Race (optional): <u>White</u>
Present Facility: <u>Lawrence Corr Center</u>	GRIEVANCE		
	Facility where grievance issue occurred: <u>Lawrence Corr Center</u>		

Nature of grievance:

- Personal Property Mail Handling Medical Treatment ADA Disability Accommodation
 Staff Conduct Dietary HIPAA Restoration of Sentence Credit
 Transfer Denial by Facility Other (specify): McArthurs is not work on hands.
 Disciplinary Report Arthritis

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I'm still having serious problems with hands especially the left hand. I've been experiencing pain in my left hand which is very uncomfortable and very painful. I've been taking sum pain medication the doctor says it's not working so take Mc's twice a day it's fine but it's not good to see specialist on out-side I've done went along with you'll all traces if not working & can't even straight my fingers at time, & need to be seen by orthopedic surgeon on out-side to

 Continued on reverse

Relief Requested:

I request M.R.I or PT Doctor or to be seen by out-side Doctor.
Longer health issues or to be seen by out-side Orthopedic because health continues to worsen, to be seen by out-side hand specialist is a must
I enc. A recommend these treatment.

 Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. Check if this is NOT an emergency grievance.

Leszek Pawelkowski
Offender's Signature

Y-31510

ID#

5-10-2021
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 5-10-2021 Send directly to Grievance Officer **RECEIVED** Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

JUN 10 2021

ADMINISTRATIVE
REVIEW BOARD

Print Counselor's Name _____ Sign Counselor's Name _____ Date _____

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 5-10-2021

Is this determined to be of an emergency nature?

 Yes, expedite emergency grievance No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Distribution Master File - Offender

Page 1 of 2

DOC 004B (Rev. 01/2020)

Assigned Grievance #/Institution _____

Housing Unit S-CBed # 411

1st Lvl rec. _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec. _____

Diagnostics. I have 2 Pain spots. Recently because of the Services of Pain
in my Muscle Spots, stiffness in the joint, this probably has been
going on for quite a few. I was asking the doctor if it effects my
walk further, they say I can request they fit me in the kitchen.
It is very uncomfortable, I would like to have MRI or bone
CT Scan Bone density test, Neurological test, my life style
this change I fear Exercises because of My Lumbar Nerves
Syndrome in hands or legs I've been going through this pain in
Suffering Because after I am released staff refer to see if we
can agree on the proper medical treatment

Issue. 2 by also having Service of Pain in Bladder in upper, & Post
Even have out of of

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: Pawelkowsk Iezzak MI Y31510
Last Name First Name ID#

Facility: Lawrence

Grievance: Facility Grievance # (if applicable) 05-21-089 Dated: 5/29/21 or Correspondence: Dated: _____

Received: 6/10/21 Date Regarding: arthritis in hands & ear issues

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- Provide dates when incidents occurred.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- healthcare Contact your correctional counselor or Field Services regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

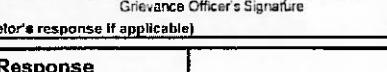
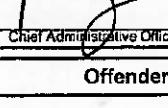
- Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- This office previously addressed this issue on _____ Date _____
- No justification provided for additional consideration.

Other (specify): Grievance fails to meet DR504.810 as offender is failing to keep seen by a specialist. Offender fails to attend doctor's appointment for healthcare

Completed by: Debbie Knauer
Print Name

Debbie Knauer
Signature

6/17/21
Date

Grievance Officer's Report			
Date Received:	05/13/21	Date of Review:	05/18/21
Offender:	Pawelkowski, Leszek	Grievance # (optional):	05-21-08
Nature of Grievance: Medical Treatment		ID#:	Y27510
<p>Facts Reviewed: Offender Pawelkowski, Y21510 wrote grievance dated 5/10/21. Offender states that he is having serious issues with his hands, especially the left. States that arthritis has taken over and is very painful. States that the medication he was put on by NP Stover is not working and that he needs to be sent out to see a specialist. Offender states that he can even straighten his fingers out. States he was removed from his dietary job due to these issues. Offender states his 2nd issue is his ears. States that he is having serious pain and bleeding in his left ear and that he cannot hear out of it.</p> <p>Relief Requested: "I request M.R.I. or PT Scan an to be seen by out-side doctors concern health issues an be seen by out-side orthopedic, because health continues to worsen, to be seen by out-side _____ specialist. I ask Wexford I.N.C. to recommend these treatment."</p> <p>Per 5/17/21 written response from HCUA Cunningham: Review medical chart documentation: May 13, 2021 – NP Note: Request slip received – I/m having continued trouble with ear and reported that the meds were not helpful and needed to be seen – assessment complaint of ear pain. – Schedule to be seen by NP Stover @ next available for continued ear problems. May 17, 2021 – Request sent for date of scheduled NP appt.</p> <p>Per 05/18/21 follow-up with D.O.N.: Per chart review, no documentation found where offender has requested anything for his hands. There are several notations for ear pain and he is currently being treated for that. Offender will need to sign up for NSC to have the arthritis addressed and it is at the physicians discretion as to what offsite referrals are requested.</p> <p>Recommendation: Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <u>moot</u>. Offender is being treated for ear issues. No documentation found regarding hand / arthritis complaint. Offender should follow NSC procedure to address concern.</p>			
A. McCaslin, CCII Print Grievance Officer's Name		 Grievance Officer's Signature	
(Attach a copy of Offender's Grievance, including counselor's response if applicable)			
Chief Administrative Officer's Response			
Date Received:	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand		
Action Taken:	 JUN 10 2021		
 Chief Administrative Officer's Signature			
Offender's Appeal To The Director			
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>			
Offender's Signature	ID#	Date	

RECEIVED
Assigned Grievance Administrator

LAWRENCE CC

Hearing Unit 3Bed # 181st Lvl rec: OCT 16 2020

Off 16 2020

2nd Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance GRIEVANCE

Date: <u>10/16/2020</u> Offender (please print): <u>ZYTEREK Tadeusz Pawelkowksi</u>	ID #: <u>V31510</u>	Race (optional): <u>White</u>
Present Facility: <u>Lawrence Correctional Center</u>	Facility where grievance issue occurred: <u>Lawrence Correctional Center</u>	
Nature of grievance:		

- Personal Property Mail Handling Medical Treatment ADA Disability Accommodation
 Staff Conduct Dietary HIPAA Restoration of Sentence Credit
 Transfer Denial by Facility Other (specify) Medical Treatment, or Dr. Job

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.
 Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
 Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, temporary placement of psychotropic drugs,
 issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I've been request to see doctor, because serious health issues, having
with the pain in Clipping of hands, fingers, arms, back, like I had some
issues of muscle spasms. Numbered pain 5-7. There something wrong
being it keep me from going on 1st duty. By trying to see Doctor & Dr.
not recommended. And not to do 1st duty. After my 1st duty,
because I'm trying to work in the Dietary, or somewhere else. But
I can't working the Dietary, but not on first shift & the other

 Continued on reverse

Relief Requested:

Request to See Doctor. So we can figure what to do with health
issues so I can get a job.

 Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. Check if this is NOT an emergency grievanceZyterek Pawelkowksi

Offender's Signature

V31510

ID#

10-16-20

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 10/19/20 Send directly to Grievance Officer Outside jurisdiction of this facility Send to Administrative Review Board, PO Box 19277, Springfield, IL 62794-0277

Response:

Per written response from LAW CC HCU review of medical chart documentation
offender has been seen and medically treated by licensed Illinois provider within the
community standards of care. Offender last seen 10/1/20 and his medical issues were
addressed.

M. S. CCI
Print Counselor's NameM. S. CCI
Sign Counselor's Name10/22/20
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature

- Yes, expedite emergency grievance
 No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Assigned Case Number:

Page 23 of 28 Page ID #23

Filing Date: 08-03-21 Bed # 18

1st time rec.

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st time rec.

Disciplinary report write up on me by was written by the object
Officer Committee. I am going the fact, I was job so I didn't
know what to do with it, I was told I could have a job
but I see doctor about this problem & have healthy issue.
It been over three months or shorter, when the three be done
then see Doctor this matter is closed.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender:

Pawelkowski

Last Name

Leszek

First Name

MI

431510

ID#

Facility:

LAW

Grievance: Facility Grievance # (if applicable)

10-20-176

Dated:

10/12/20

or Correspondence: Dated:

Received:

21/1/21

Regarding:

health issues preventing job

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- Provide dates when incidents occurred., See DR 524.810.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- Contact your correctional counselor or Field Services regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- This office previously addressed this issue on _____ Date _____
- No justification provided for additional consideration.

Other (specify):

NO REVIEW

Completed by: Sherry Benton

Print Name

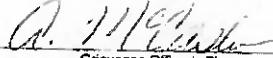
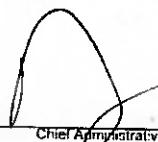
S. Benton

Signature

2/9/21

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report			
Date Received:	10/16/2020	Date of Review:	01/11/2021
Offender:	Pawelkowski, Leszek	Grievance # (optional):	1D-20-176
ID#:	Y31510		
Nature of Grievance: Medical Treatment / Job Assignment			
<p>Facts Reviewed: Offender states that he has been requesting to see the doctor concerning serious health issues and is dealing with the pain or cramping of hands, fingers, arms, shoulders, like he's having muscle spasms and numbness, pain, and stiffness. These issues are keeping him from performing his job duties. He states that he was told he can't have a job until he sees the doctor.</p> <p>Relief Requested: "Request to see Doctor so we can figure what to do with health issues so I can get a job."</p> <p>Counselor's Response: Per written response from LAW CC HCU: Review of medical chart documentation, offender has been seen and medically treated by licensed Illinois provider within the community standards of care. Offender last seen 10/1/20 and his medical issues are addressed.</p> <p>Per 01/11/21 review of O360 call pass history, offender has had medical appointments scheduled on the following dates: 11/17/20 NSC, 11/23/20 NP, 12/01/20 & 12/03/20 labs, 12/17/20 NSC, 12/18/20 MD, 12/23/20 NSC, 12/25/20 NSC, 12/29/20 labs, & 01/05/21 MD. Offender is encouraged to continue addressing any medical concerns by forwarding a request to healthcare or at scheduled medical appointments.</p> <p>Per O360 Assignment history review, offender is not currently waitlisted for any jobs. Offender may forward a request slip to his housing unit counselor to initiate vote sheet review and job consideration.</p>			
<p>Recommendation: Based upon a total review of all available information, this Grievance Officer recommends that the grievance be moot, as per HCUA, medical issues were addressed on 10/01/20. Offender has had multiple medical appointments scheduled since the date of this grievance and is encouraged to continue addressing any medical concerns by forwarding a request to healthcare or at scheduled medical appointments. Offender is not currently waitlisted for any job assignments and may send a request to his housing unit counselor to initiate review.</p>			
A. McCaslin, CCI <small>Print Grievance Officer's Name</small>		 <small>Grievance Officer's Signature</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>	
Chief Administrative Officer's Response			
Date Received:	1/3/21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> I demand	RECEIVED
Action Taken:	FEB 01 2021		
 <small>Chief Administrative Officer's Signature</small>		1/3/21 <small>Date</small>	
Offender's Appeal To The Director			
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>			
Offender's Signature	ID#	Date	

**ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Disciplinary Report**

Type of Report:	<input checked="" type="checkbox"/> Disciplinary <input type="checkbox"/> Investigative	Facility: _____	Date: _____
Offender Name: _____	ID #: _____	SMI: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Race: _____
Observation Date: _____	Approximate Time: _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Location: _____
Offense(s): DR 504:			

Observation: (NOTE: Each offense identified above must be substantiated.)

Witness(es):

Check if Offender Disciplinary Continuation Page, DCC 0318, is attached to describe additional facts, observations or witness

I declare Disciplinary Communication Log, BGS 5010, is intended to describe disciplinary facts, causes, rates & outcomes a.m. p.m.

Disciplinary Action:

Shift Review: Temporary Confinement Investigative Status Reasons: _____

Printed Name and Badge # _____ **Shift Supervisor's Signature**
(For Transition Centers, Chief Administrative Officer)

Reviewing Officer's Decision: Confinement reviewed by Reviewing Officer **Comment:** _____

Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee
 Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge #	Reviewing Officer's Signature	Date
<input type="checkbox"/> Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):		
Print Hearing Investigator's Name and Badge #	Hearing Investigator's Signature	Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

* **Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports**

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

Check if offender refused to sign

Offender's Signature _____ **ID#** _____

Serving Employee (Print Name) _____ **Badge #** _____ **Signature** _____

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Date Served _____ **Time Served** _____

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature _____ **ID#** _____

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness _____ **Witness badge or ID#** _____ **Assigned Cell
(if applicable)** _____ **Title (if applicable)** _____

Witness can testify to:

Print Name of witness _____ **Witness badge or ID#** _____ **Assigned Cell
(if applicable)** _____ **Title (if applicable)** _____

Witness can testify to:

PROGRAM COMMITTEE
FINAL SUMMARY REPORT

Name: PAWELKOWSKI, LESZEK IDOC Number: Y31510 Race: WHI
Hearing Date/Time: 8/23/2020 10:47 AM Living Unit: LAW-R3-AL-18 Orientation Status: N/A
Incident Number: 202002347/1 - LAW Status: Expunged Final

Date	Ticket #	Incident Officer	Location	Time
8/20/2020	202002347/1-LAW	WALKER, VICKY J	DIETARY	06:10 AM
Offense	Violation	Final Result		
313	Disobeying a Direct Order			
Witness Type	Witness ID	Witness Name	Witness Status	
No Witness Requested				

RECORD OF PROCEEDINGS

ODR read.

I/M pled not guilty.

I/M stated "I told them I was sick. I asked to do something different. My left hand is messed up".

BASIS FOR DECISION

ODR expunged due to charge not substantiated. I/M was not given any direct orders per ODR.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

FINAL

--- EXPUNGED ---

Basis for Discipline:

Signatures

Hearing Committee

MAYBERRY, SHANAE B - Chair Person

08/23/20 HSP

Recommended Action Approved

Date

Race

Final Comments: N/A

DEANNA M BROOKHART / DMB 8/23/2020

08/23/20

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504 Subpart F.

When Served -- Date and Time

Employee Serving Copy to Committed Person

Inmate Name PAWELKOWSKI Housing Unit R-R3 AL 18

Inmate Number Y31510

**INMATE NOTIFICATION OF
JOB CHANGE**

FROM: ASSIGNMENT OFFICE

Old Job UNASSIGNED

New Job DIETARY

Hours 6A-1P

Days Off W/T

Start Date 8/4/2020

**THIS SHEET IS FOR INFORMATIONAL PURPOSES ONLY.
YOU WILL STILL BE BOUND BY THE OTS SYSTEM IF ANY
CONFLICT OCCURS.**

Illinois Department of Corrections
FORM# LAW0019
Lawrence Correctional Center